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CONFIRMATION NO. 6311

Bib Data Sheet

SERIAL NUMBER 10/768,044	FILING DATE 02/02/2004 RULE	CLASS 250	GROUP ART UNIT 2881	ATTORNEY DOCKET NO. 33543						
APPLICANTS A. Paul Zavitsanos, Westchester, PA; Philip Wylie Leigh, Kennett Square, PA; Chin-Kai Meng, Hockessin, DL;										
** CONTINUING DATA *****										
** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/29/2004										
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged </td> <td style="width: 40%; border: none;"> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 20%; text-align: center; vertical-align: top;"> STATE OR COUNTRY PA </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 5 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 32 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 5 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 5
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ADDRESS Tom X. Li Legal Department Agilent Technologies, Inc. 3500 Deer Creek Road, MS 26U-25 Palo Alto, CA 94304-1317										
TITLE Spectral axis transform										
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)		
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